fatal result; but, in accounting for a death occurring within sixteen and a half hours after the operation, and where the amount of blood lost was so small, we should doubtless also take into consideration the exhaustion from the operation, and especially the mental shock produced by the knowledge that the operation had led to no positive result in diagnosis, and that therefore nothing further would be done.

The *source* of the *hemorrhage* was, as far as he knew, *peculiar*. Branches of the internal epigastric artery have sometimes been wounded; the bladder has been wounded; the uterus, happening to lie in front of the tumour, has also been punctured; and one of the Fallopian tubes, also, happening to be stretched over it in front, has been transfixed. But he has never heard of the greater omentum being injured by a puncture, at a point usually regarded as the safest, half way between the pubis and the umbilicus. Indeed, in all ordinary circumstances, where the abdomen is largely distended, it is impossible that the omentum should extend to this point. For it is not long enough, naturally, to extend even to the umbilicus in a case like this, even though it originally fall into the pelvis; and, moreover, it is uniformly, as far as he is aware, pushed up by the tumour during its development from below, and is generally found somewhat folded, and not reaching more than half the distance from the stomach to the umbilicus. In this case, the omentum was not less than two and a half feet long, as the specimen will show, since it completely covered the tumour anteriorly and laterally. And since, had it been free at its lower extremity at the time the tumour first began to grow, the latter would doubtless have merely lifted it up as is usual, Dr. P. inferred that the omentum had become adherent to some portion of the pelvic peritoneum before the tumour began to be developed. Thus the tumour grew upwards behind the omentum, which thus was expanded over the whole length of the tumour.

Finally, the whole extent of the omentum was equally vascular; and, had the puncture been made at any other point, there is no reason for believing that the hemorrhage would have been less than that which actually occurred.—*New York Medical Times*, May, 1856.

Bullet in Bronchial Tube, expelled after remaining there two weeks.—The following interesting case is related (*St. Louis Med. and Surg. Journ.*, Sept. 1856) by Dr. Samuel S. Emison, of Lafayette, Mo.:—

"On the 15th of May last, Emet Shannon, aged nine years, of good constitution, permitted a bullet, one-fourth of an inch in diameter, which he had in his mouth, to slip through the rima glottidis. He was instantly oppressed with violent dyspnœa and convulsive expiratory efforts, which continued ten or fifteen minutes, and were succeeded by prostration and pallor of face and lividity of lips.

"An hour after the accident, when I first saw him, he was cheerful and easy in all respects. There was no cough, dyspnœa, pain, nor was there any appreciable departure from the normal respiratory murmur. His whole appearance so little corresponded with what we supposed a foreign body, such as we have described, would produce, that we flattered his friends with the decided opinion, that it had passed into the œsophagus and that it would readily be expelled per viam naturalem. No change having taken place at the expiration of two hours, nothing was enjoined but quiet. Four hours after he was suddenly attacked with severe paroxysmal pain in the stomach and bowels. There being still no thoracic disturbance, the pains were ascribed to indigestible substances in the stomach, and an emetic given which brought up his unchanged breakfast, but no relief. A full dose of a mercurial and anodyne was given, and the anodyne repeated pro re nata, during the next twenty-four hours. During the afternoon of the 16th his pulse became frequent, face flushed and respiration accelerated: the pain in the stomach returned as soon as the effects of the anodyne abated. There were none of the physical signs indicative of congestion, or inflammation of the lungs. There was considerable indistinctness of the vesicular murmur in the subclavicular region, but no dulness on percussion of the left lung, anteriorly. Took hydr. submus. and comp. pul. opii et ipecac., every three hours. Afternoon of 17th—pulse 120; respiration very much accelerated; pain in the top of left shoulder; tenderness on percussion

over the left subclavicular region; severe pain in the stomach and bowels, and tenderness and distension of both; complains now also of smothering sensations, and is disinclined to be raised up; there is now also an occasional hacking cough; no dulness, but almost entire want of vesicular murmur in the middle third of the left lung anteriorly. Could not examine posteriorly. Respiration in the right lung supplemental and great disparity in the movements of the two sides, the left being comparatively stationary. It was now clear that the ball had entered the left bronchus and was still occupying one of its branches. It was proposed to incline his head almost vertically downwards, with the hope, that while in that position, gravity aided by succussion would dislodge it, and that it would either be expelled, or if retained in the trachea might be removed by an operation. He would not consent to the experiment, and it was deemed hazardous to subject him to the use of chloroform for the purpose. A vein was opened, and after he had lost six or eight ounces of blood, his excitement from dread of the operation became so intense, that the vein was closed sooner than desirable; nevertheless the relief, so far as the thoracic distress was concerned, was immediate and decided. The pain in the stomach and bowels, which from the first was so severe as to mask other symptoms, was as severe as ever, except when he was fully under the influence of anodynes; and though its paroxysmal character and the absence of tenderness on pressure, for the first twenty-four hours, led to the conclusion that it was nervous and sympathetic, the tympanitic distension and tenderness now, the copious watery pea-green dejections which followed a dose of castor oil on the morning of the 18th, were thought to indicate a threatening of structural alteration. The mercurial and anodyne were continued till the 20th, when the general abatement of his distressing symptoms and the improved condition of alvine dejections induced a withdrawal of the mercurial.

"21*st*. Rests better; febrile excitement considerably abated; respiration very much less hurried, and the paroxysms of dyspnœa, or smothering as he called it, not troublesome; some dulness in the region where the vesicular murmur was noticed to have been obscured, and flatness and tubular respiration in the corresponding region behind, which could now be examined without giving him much pain.

"22*d*. Rests much better, and expresses for the first time some inclination for nourishment. Thoracic uneasiness not troublesome; physical signs same, no cough, but pain in the stomach and bowels still severe; febrile excitement confined principally to the early part of the night, followed by pretty free diaphoresis, not however colliquative. During the succeeding week his fever became less severe and of shorter duration each afternoon, his respiration during the remissions comparatively easy; little or no cough; dulness confined to the same region, neither increasing nor receding; appetite increasing, but the gastric and abdominal uneasiness persistent and alvine discharges were loaded with mucus. During this period he used comp. pulv. opii et ipecac., freely for his bowels, and assiduously warm fomentations. On the fourteenth day from the accident, he indulged his appetite quite freely, and had considerable fever with symptoms indicating an approaching extension of the pulmonary lesion. His bowels not having acted for several days, he was ordered three teaspoonfuls of castor oil, which operated harshly five or six times. He was excessively prostrated, and while being assisted to stool in this very relaxed condition, he had a very violent paroxysm of coughing, and the ball passed into his mouth, with inexpressible joy to those about him. For several hours after, he was on the verge of exhaustion, and took stimulants pretty freely.

"During the following night he expectorated considerable quantities of mucus and a small mammular sputum, resembling pus. His symptoms all gradually improved; the pain in the bowels, though troublesome, gradually disappeared. His appetite and strength improved slowly.

"*June* 10. Saw him to-day; dulness amounting to flatness over the region where it existed before, and tubular or blowing respiration in portions of the same district; no other sound audible. He is easily fatigued and respiration especially is hurried by exercise. His friends think he has had night-sweat

for two nights past; no cough; pulse eighty; skin cold and relaxed; appetite good; walks about the room.

"*July* 20. His general appearance is as healthy as before the accident. Did not examine the chest, but suppose from his active and healthy appearance that his lung has resumed its normal state."

An Easy Mode of Constructing Bougies.—Dr. P. H. Cabell, of Selma, Ala., calls (*Virginia Med. Journ.*, April, 1856) attention to an easy and rapid mode of constructing bougies, which he thinks presents some advantages, both as to the qualities possessed, and the facility and cheapness with which they may be made. Reflecting upon the advantages the bougies made of elm bark possessed, from the ease with which they are introduced, and the expansion they undergo while in the urethra; and then thinking of the danger of breaking, the difficulty of treating deep-seated strictures, and the grave accidents which sometimes occur, Dr. C. determined to seek some substitute, which would possess its good qualities, and be free from all risk.

"The substance I finally selected was untanned cowhide; which may be obtained sometimes of great thickness. It is first to be well soaked in water, then cut into strips of suitable length and width, and tacked by the extremities over a block of wood of the proper curve. When wished straight, no form is necessary, they being merely stretched on a plane surface till dry. When dry, they are found very tough, unyielding, and of sufficient elasticity. They may be brought to the proper size by the knife, rasp, sandpaper, &c. and will be found to have a fine polish, which allows them to be introduced with ease; they are much more rigid than either the wax or gum instruments, but they are sufficiently yielding to be perfectly safe unless great violence is used, and even then I do not conceive that there could be much if any risk of making a false passage.

"There are two ways of preparing them for use—one by oiling as usual, and the other by dipping for a few moments in warm water. The point may be previously well softened by a longer immersion in water. It thus becomes almost jelly-like, and glides easily and painlessly along the urethra. If the surgeon does not wish to avail himself of their expansiveness in dilating the stricture, he may cover them with a solution of gutta percha, in chloroform, which will protect them from the action of the urethral mucus, and render them beautifully polished."

Vesico-Vaginal Fistula.—Dr. N. Bozeman, of Montgomery, Ala., has published (*Louisville Review*, May, 1856) some interesting "Remarks on Vesica-Vaginal Fistula, with an Account of a new mode of Suture, and seven Successful Operations."

Dr. B.'s new suture is, he observes, "only a modification of the twisted, as the clamp is a modification of the quill suture," p. 86. This suture Dr. B. calls the *Button Suture.*

"The essential parts of the apparatus consist of wire for the sutures, a metallic button or plate, and perforated shot to retain the latter in place. The wire should be made of pure silver, about the size usually marked No. 93, and properly annealed. A length of about eighteen inches should be allowed for each suture."

The button may be made of either lead or silver. "The former, hammered out to the thickness of 1-16th of an inch, answers the purpose tolerably well. The latter can be made still thinner, and does better on several accounts; it is lighter, less likely to yield under pressure, admits of a higher polish, and allows the wires to be drawn through the small holes without dragging.

"The object of the button is to cover the fistulous opening after the introduction of the sutures, and its size and shape will, therefore, vary somewhat according to circumstances. The shape of those that I usually employ is oval, but they may be made circular, semicircular, L or T shaped, to suit individual cases. The size will also necessarily vary, but it is seldom that one larger than 1 1-4 inches in length, and 5-8ths of an inch in breadth, is required. But, whatever the shape or size, it is a matter of great importance that the under surface